Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS5496ADC	A. BUILDING _____ B. WING _____	C 12/07/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADULT DAY CARE CENTER OF HENDERSON	1201 NEVADA STATE DR HENDERSON, NV 89002

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
U 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 12/7/10. The survey was conducted using Nevada Administrative Code (NAC) 449, Facilities For Care Of Adults During The Day, regulations adopted by the Nevada State Board of Health on June 23, 1986. The facility was licensed for 70 total day care clients. The census at the time of the survey was 65. Fifteen resident files were reviewed and nine employee files were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	U 000		
U 56 SS=F	449.4072 DIRECTOR AND EMPLOYEES 3. Every employee of the facility: (b) Shall provide the division: (1) upon his initial employment, with the results of a physical examination conducted within the preceding 6 months, or with a copy of his medical records for the preceding 3 years, certified by a physician. This Regulation is not met as evidenced by: Based upon record review on 12/7/10, the facility failed to ensure 9 of 9 sampled employees had a pre-employment physical examination (Employee #1, #2, #3, #4, #5, #6, #7, #8 and #9).	U 56		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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U 56	Continued From page 1 Severity: 2 Scope : 3	U 56		
U 57 SS=F	449.4072 DIRECTOR AND EMPLOYEES 3. Every employee of the facility: (b) Shall provide the division: (2) Upon his initial employment, with a negative report of a tuberculin test conducted within the preceding 6 months. Thereafter, a tuberculin test must be completed every 2 years. If the report of the tuberculin test is positive, he shall provide an X-ray film of his chest. This Regulation is not met as evidenced by: Based upon record review on 12/7/10, the facility failed to ensure 4 of 9 sampled employees had a current two-step Tuberculin skin test (Employee #1, #5, #7 and #9 missing initial two-step TB test; Employee #4, #5, #7 and #9 - missing annual TB test). Severity: 2 Scope: 2	U 57		
U9999	Final Comment Final Comment The facility must show evidence of compliance with the provisions of chapter 441A of NRS regarding tuberculin testing and the regulations adopted pursuant thereto. Based upon record review on 12/7/10, the facility failed to ensure 4 of 15 sampled clients had a current Tuberculin skin test (Client #1, #2 and #10 missing 2nd step; Client #8 missing chest x-ray report). Severity: 2 Scope: 3	U9999		